

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10630301**

FILING DATE **7-30-02**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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22						
23						
24						
25		2				
26		2				
27		2				
28	1					
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40	1					
41	1					
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	40					
TOTAL CLAIMS	45					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						